Amendments to the claims:

Claims 1-17 (canceled).

Claim 18 (previously presented): The method of applying positive airway pressure (PAP) to nasal passages of a patient for the purpose of treating Obstructive Sleep Apnea Syndrome (OSAS) without the use of a hook, chin stabilizer, or chin strap comprising the steps of:

a. fabricating a dual arch oral appliance for obturating the oral cavity of the patient which substantially prevents mouth venting of PAP, said dual arch oral appliance fabricated from dental impressions taken of the patient's upper and lower teeth and where said oral appliance is fabricated to maintain the patient's bite registration in the neutral centric position, said oral appliance further comprising an anterior, extraoral slide affixed thereto;

b. positioning said oral appliance within a patient's mouth where said oral appliance is aligned with the patient's upper and lower dental arches to maintain the patient's mandible in a substantially neutral centric position without protrusion of the mandible;

c. providing a pair of PAP tubing and connecting one distal end of each of said tubing to an external source of positive airway pressure;

d. mounting a PAP Tubing Retention Platform to said slide for slidable movement along said slide, said PAP tubing operatively connected to said PAP Tubing Retention Platform;

e. slidably displacing said PAP Tubing Retention Platform along said slide to a position optimum for inserting each of said pair of tubing into a respective nasal cavity;

f. inserting the other end of each tubing into a respective nasal cavity for delivery of air from said external source; and,

g. sealing the patient's nares with nasal pillows.

Claim 19 (previously presented): The method of Claim 18 further comprising the positioning of said PAP Tubing Retention Platform and said PAP tubing s anterior-posteriorly to a position within a range of 5mm to 30mm from the labial surface of the maxillary anterior teeth.

Claim 20 (previously presented): The method of Claim 18 wherein said PAP Tubing Retention Platform is composed of an acrylic material that is at least 3mm thick.

Claim 21 (previously presented): The method of Claim 20 wherein said acrylic material can be adjusted to optimize the desired angulation via application of heat.

Claim 22 (canceled).

Claim 23 (previously presented): The method of Claim 18 wherein said PAP Tubing Retention Platform is created via injection molding.

Claim 24 (canceled).

Claim 25 (previously presented): The method of Claim 18 where said obturator comprises an exterior surface made from an acrylic material lined with an elastomeric material.

Claims 26-27 (canceled).

Claim 28 (previously presented): The method of Claim 18 wherein said anterior extraoral slide is acrylically bonded to the anterior surface of said oral appliance without the use of metal parts.

Claim 29 (previously presented): The method of Claim 18 where said oral appliance is composed of a hard exterior acrylic and deposited with an elastomeric material.

Claim 30 (canceled).

Claim 31 (previously presented): The method of Claim 18 where said oral appliance is fabricated from a three-dimensional bite registration for orienting the position of the upper and lower dental arches.

Claim 32 (previously presented): The method of Claim 31 where said bite registration is produced utilizing Transcutaneous Electrical Nerve Stimulation (TENS).

Claim 33 (previously presented): A method for treating a patient with Obstructive Sleep Apnea Syndrome (OSAS) comprising the steps of:

providing a dual arch oral appliance for placement substantially within the oral cavity of a patient, said dual arch oral appliance fabricated from dental impressions taken of the patient's upper and lower teeth and where said oral appliance is fabricated to maintain the patient's mandibular and maxillary arches in a neutral centric position and designed to substantially obturate the patient's oral cavity and prevent venting of air through the oral cavity;

providing a retention platform operably but not integrally connected to said oral appliance for positioning anteriorially of the patient's mouth, and a pair of air supply tubes retained by said retention platform;

positioning said dual arch oral applicance within a patient's oral cavity;

engaging one arch of the oral appliance to the patient's mandibular arch and the other arch of the oral appliance to the patient's maxillary arch by the patient closing said oral cavity, said engagement, without protrusion of the mandible, and locating the mandibular arch in a neutral centric position with respect to the maxillary arch;

positioning the end of each tube within a respective nostril;

connecting the distal ends of each of said tubes to an air supply source; and,

delivering an air flow to the patient from said air supply source, through said pair of tubes.

Claim 34 (previously presented): The method of Claim 33 further comprising the steps of supporting and stabilizing tubes connected to said dual arch oral appliance.

Claim 35 (previously presented): The method of Claim 34 comprising the additional steps of selecting a PAP Tubing Retention Platform appropriately sized for said patient's nasal features, connecting said tubes to said PAP Tubing Retention Platform, and sealing both patient's nares, each nare sealed using a nasal pillow operably connected to a portion of respective tubing positioned within a nostril..

Claim 36 (previously presented): The method of Claim 33 additionally comprising the step of obtaining a three-dimensional bite registration in a neutral centric position via Transcutaneous Electrical Nerve Stimulation (TENS).

Claims 37-38 (canceled).

Claim 39 (previously presented): The method of Claim 18 further comprising the step of selecting an appropriate size PAP tubing Retention Platform to correspond to the patient's nasal width.

Claim 40 (currently amended): A method for treating a patient with Obstructive Sleep Apnea Syndrome (OSAS) while comprising the steps of:

obtaining from the patient a three-dimensional bite registration where the patient's mandibular arch and maxillary arch are in a neutral centric position by relaxing the patient's facial muscles using Transcutaneous Electrical Nerve Stimulation (TENS);

fabricating a dual arch oral appliance for obturating the oral cavity of the patient, utilizing said three-dimensional bite registration, which substantially prevents mouth venting of PAP, where said oral appliance is fabricated to maintain the patient's mandibular arch and maxillary arch in the neutral centric position;

providing a retention platform operably connected to said dual arch oral appliance for positioning anteriorially of the patient's mouth, and a pair of air supply tubes retained by said retention platform, each of said tubes having an end with a nasal pillow coupled thereto, wherein the operable connection of the retention platform to the dual arch oral appliance comprises an elongated anterior slide extending away from said dual arch oral appliance, and where said retention platform is slidably mounted to said slide;

positioning said dual arch oral applicance within a patient's oral cavity;

engaging one arch of the oral appliance to the patient's mandibular arch and the other arch of the oral appliance to the patient's maxillary arch by the patient moving his mandibular arch towards the maxillary arch, said engagement causes the mandibular arch and maxillary arch to be positioned in a substantially neutral centric position;

positioning said end of each tube within a respective nostril of the patient;

connecting the distal ends of each of said tubes to an air supply source; and,

delivering an air flow to the patient from said air supply source, through said pair of tubes.

Claim 41 (canceled).